State of Hawaii

EMCP Performance Appraisal FY 02-03 (See p. 15 of the User's Manual for detailed instructions)

rev 10/7/02

Name of Employee		Pos	ition Title
		D 101 N	
Employee I.D. Number		Position No.	Pay Grade
Department		ivision/Office	Branch
PLANNED PERFORMANCE APP	RAISAL P	RIORITIES AND OBJECT	TIVE\$
Weights and Objectives Discussed		Weights and Objective	s Approved
Employee's Signature	Date	Appointing Authority's	Signature Date
PERFORMANCE APPRAISAL SC Component Weight Performance Objectives/ Objective # 1 Po Objective # 2 Po Objective # 3 Po Performance Objectives/ (maximum score for Acco Overall Management (Fo	Accomplishments (Form Edints (Form Edints (Form Edints (Form Edints (Form Edints = 5 to Form C-1)	nents 31) 32) 33) nents (Total)	from: Final Scores
RATING PERIOD	From	То	_
PURPOSE OF RATING Initial Probation New Probation Annual Partial Annual		OVERALL F Exceptional (450) Exceeds Expect Fully Meets Exp Needs Improver Unsatisfactory (6	-500) tations (350-449) ectations (250-349) nent (150-249)
SIGNATURES UPON	COMPLETI	ON OF PERFORMANCE	APPRAISAL
Employee's Acknowledgement/Com	ments:	Supervisor's Certification	n:
My performance for the rating period has discussed with me. I understand that I not agree with this rating the comments if I do not agree with this rating the comments if I do not agree with this rating the comments if I do not agree with this rating the comments if I do not agree with this rating the comments if I do not agree with this rating the comments if I do not agree with I do not ag	nay attach ng.	This rating was discussed on the following date:	with the employee
My signature does not necessarily mean agreement	1		
Check here if employee statemen disagreement (Form E) is attache		Supervisor's Signature	Date
Employee's Signature	Date	Appointing Authority's	Signature Date